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THOMPSON & KNIGHT

L.L.P.
ATTORNEYS AND COUNSELORS
1700 PACIFIC AVENUE
SUITE 3300
DALLAS, TEXAS 75201
(214) 969-1700
IF FAX (214) 999-9024

AUSTIN
(512) 469-6100 / FAX (512) 469-6180

DIRECT DIAL: (214) 969-1290

FORT WORTH
(817) 347-1700 / FAX (817) 347-1799

HOUSTON
(713) 654-8111 / FAX (713) 654-1871

FACSIMILE COVER LETTER

TO:	The United States Patent and Trademark Office	PHONE NO.:
FROM:	James J. Murphy	
SUBJECT:	U.S. Application No. 10/664,688	
DATE:	November 22, 2005	
CLIENT/FILE #	021615.500474	PHONE EXT.: 1749
FAX NO.:	(571) 273-8300	NO. OF PAGES: 12

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/664,688
	Filing Date	September 18, 2003
	First Named Inventor	David Pietruszynski
	An Unit	2655
	Examiner Name	Hindi, Nabil Z.
Total Number of Pages in This Submission	Attorney Docket Number	0821 - MS - DI

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Thompson & Knight LLP	
Signature	<i>James J. Murphy</i>	
Printed name	James J. Murphy	
Date	Nov. 22, 2005	Reg. No. 34,503

CERTIFICATE OF TRANSMISSION/MAILING		
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Signature	<i>Susan Turner</i>	
Typed or printed name	Susan Turner	Date NOV. 22, 2005

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PTO/SB/17 (12-04v2)


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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete If Known Application Number: 10/664,688 Filing Date: September 18, 2004 First Named Inventor: David Pietruzynski Examiner Name: Hindi, Nabil Z. Art Unit: 2655 Attorney Docket No.: 0921 - MS - D1	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	400	

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 20 - 0821 Deposit Account Name: _____ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description		Fee (\$)	Small Entity Fee (\$)				
Each claim over 20 (including Reissues)		50	25				
Each independent claim over 3 (including Reissues)		200	100				
Multiple dependent claims		360	180				
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)
- 20 or HP = _____ x _____ = _____							
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
5	- 3 or HP = 200	x 400	= 400				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	x _____	= _____			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): _____							

SUBMITTED BY			
Signature		Registration No. 34,503 (Attorney/Agent)	Telephone 214.969.1749
Name (Print/Type)	James J. Murphy	Date	Nov. 22, 2005

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